T. P. N. C. S.	
PLACE OF BIRTH	ARIZONA STATE BOARD OF HEALTH
istrict of	BUREAU OF VITAL STATISTICS
or Ellofe	County Registrar No.
Full Rame of entite	(If birth occurred in a hospital or institution, give its NAME instead of street and number) Company If child is not yet named, make supplemental report, as directed.
Sex of Child To be answered ONLY in event of plural births.	6. No. in order of hirth Us of birth June 22/92)
nii name Oscar Min	roe Thomas Full maiden name Daard Etta Mills
Residence (Usual place of abode) If nonresident, give place and state	Le, arizona 15. Residence (Usual place of abode) Mobe, arizona
Color of race	irthday 3/ (Years) If nonresident, give place and state 16. Color or race 17. Age at last birthday 2 3 (Years)
(State or country)	os Cavezao, aiz 18. Birthplace (city or place). Juso 1, Ofelchone (State or country)
. Occupation	19. Occupation Jensewife Nature of industry
Mad and to 1 at 1	Born alive and now living (2). Were precautions taken against sph- thaimin necessity (3) Stillborn
	E OF ATTENDING PHYSICIAN OR MIDWIFE ?
When there was no attending physician or wife, then the father, householder, etc., and make this return. A stillbern child me that neither breather ner shows other lences of life after him.	Bignature (Physician (Physician (Physician))
name added from plemental report Month, day, year 11	Address Filed 6-30, 1927 Whont Lacal Barbara.
Registrar.	Filed